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| FORM PT6-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER: WN/LM/DRA.3.PCT/US |
| INTERNATIONAL APPLICATION NO.: PCT/GB99/03322 | | U.S. APN 1010 If known SEE 37 CFR 1.5 09/807628 |
| INTERNATIONAL FILING DATE: 5 October 1999 (15.10.99) | | |
| PRIORITY DATE CLAIMED: 16 October 1998 (16.10.98) | | |
| TITLE OF INVENTION: SPEECH PROCESSING | | |
| APPLICANT(S) FOR DO/EO/US: Melvyn John HUNTER | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| 1. | <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. | |
| 2. | <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. | |
| 3. | <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1). | |
| 4. | <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. | |
| 5. | <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. (see attached copy of PCT/IB/308) c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). | |
| 6. | <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). | |
| 7. | <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). <ul style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. | |
| 8. | <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). | |
| 9. | <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). | |
| 10. | <input type="checkbox"/> A translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). | |
| Item 11. to 16. below concern document(s) or information included: | | |
| 11. | <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. | |
| 12. | <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. | |
| 13. | <input checked="" type="checkbox"/> A FIRST preliminary amendment. | |
| | <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. | |
| 14. | <input type="checkbox"/> A substitute specification. | |
| 15. | <input type="checkbox"/> A change of power of attorney and/or address letter. | |
| 16. | <input checked="" type="checkbox"/> Other items or information: International Preliminary Examination Report (PCT/IPEA/409), International Search Report (PCT/ISA/210), Application Data Sheet | |

| U.S. APPLICATION NO. 09/807628 | | INTERNATIONAL APPLICATION NO. PCT/GB99/03322 | ATTORNEY'S DOCKET NO. WN/LM/DRA.3.PCT/US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------------------|--------------|--------------|------|----|--------------|-----------|---|-----------|----|--------------------|---------|---|-----------|----------|--|--|--|------------|----|--------------------------------------|--|--|--|------------------|---|--|--|--|----|-------------------|--|--|--|------------------|---|--|--|--|----|-----------------------------|--|--|--|------------------|---|--|--|--|----------|------------------------------|--|--|--|------------------|--|--|--|--|------------------------|--|--|--|--|----------|--|---|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| | | | CALCULATIONS PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)):</p> <p>Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$ 1,000.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$ 860.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$ 710.00</p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$ 690.00</p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) \$ 100.00</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTER APPROPRIATE BASIC FEE AMOUNT = \$ 860.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>14 - 20 =</td> <td>0</td> <td>X \$18.00</td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>4 - 3 =</td> <td>1</td> <td>X \$80.00</td> <td>\$ 80.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIMS(S) (if applicable)</td> <td>+ \$270.00</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$ 940.00</td> </tr> <tr> <td colspan="4"> <p>Reduction of $\frac{1}{2}$ for filing by small entity, if applicable. Applicant claims Small Entity Status under 37 CFR 1.27.</p> </td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: center;">SUBTOTAL =</td> <td>\$ 940.00</td> </tr> <tr> <td colspan="4"> <p>Processing fee of \$130 for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.49(f)).</p> </td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL NATIONAL FEE =</td> <td>\$ 940.00</td> </tr> <tr> <td colspan="4"> <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</p> </td> <td>\$ 40.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL FEES ENCLOSED =</td> <td>\$ 980.00</td> </tr> <tr> <td colspan="4"></td> <td>Amount to be refunded:</td> </tr> <tr> <td colspan="4"></td> <td>charged:</td> </tr> <tr> <td>a. <input checked="" type="checkbox"/></td> <td colspan="3">A check in the amount of <u>\$ 980</u> to cover the above fees is enclosed.</td> <td></td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td colspan="3">Please charge my Deposit Account No. 25-0120 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.</td> <td></td> </tr> <tr> <td>c. <input checked="" type="checkbox"/></td> <td colspan="3">The Commissioner is hereby authorized to charge any additional fees which may be required by 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 25-0120. A duplicate copy of this sheet is enclosed.</td> <td></td> </tr> <tr> <td colspan="5"> SEND ALL CORRESPONDENCE TO: YOUNG & THOMPSON 745 South 23rd Street 2nd Floor Arlington, VA 22202 (703) 521-2297 facsimile (703) 685-0573 Customer Number: 000466 </td> </tr> <tr> <td colspan="5" style="text-align: right;"> By <u>Benoit Castel</u> Benoit Castel Attorney for Applicant Registration No. 35,041 </td> </tr> </tbody></table> | | | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total claims | 14 - 20 = | 0 | X \$18.00 | \$ | Independent claims | 4 - 3 = | 1 | X \$80.00 | \$ 80.00 | MULTIPLE DEPENDENT CLAIMS(S) (if applicable) | | | + \$270.00 | \$ | TOTAL OF ABOVE CALCULATIONS = | | | | \$ 940.00 | <p>Reduction of $\frac{1}{2}$ for filing by small entity, if applicable. Applicant claims Small Entity Status under 37 CFR 1.27.</p> | | | | \$ | SUBTOTAL = | | | | \$ 940.00 | <p>Processing fee of \$130 for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.49(f)).</p> | | | | \$ | TOTAL NATIONAL FEE = | | | | \$ 940.00 | <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</p> | | | | \$ 40.00 | TOTAL FEES ENCLOSED = | | | | \$ 980.00 | | | | | Amount to be refunded: | | | | | charged: | a. <input checked="" type="checkbox"/> | A check in the amount of <u>\$ 980</u> to cover the above fees is enclosed. | | | | b. <input type="checkbox"/> | Please charge my Deposit Account No. 25-0120 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | c. <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge any additional fees which may be required by 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 25-0120 . A duplicate copy of this sheet is enclosed. | | | | SEND ALL CORRESPONDENCE TO: YOUNG & THOMPSON 745 South 23rd Street 2nd Floor Arlington, VA 22202 (703) 521-2297 facsimile (703) 685-0573 Customer Number: 000466 | | | | | By <u>Benoit Castel</u> Benoit Castel Attorney for Applicant Registration No. 35,041 | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 14 - 20 = | 0 | X \$18.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 4 - 3 = | 1 | X \$80.00 | \$ 80.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable) | | | + \$270.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ 940.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL = | | | | \$ 940.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | Amount to be refunded: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | charged: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| By <u>Benoit Castel</u> Benoit Castel Attorney for Applicant Registration No. 35,041 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |